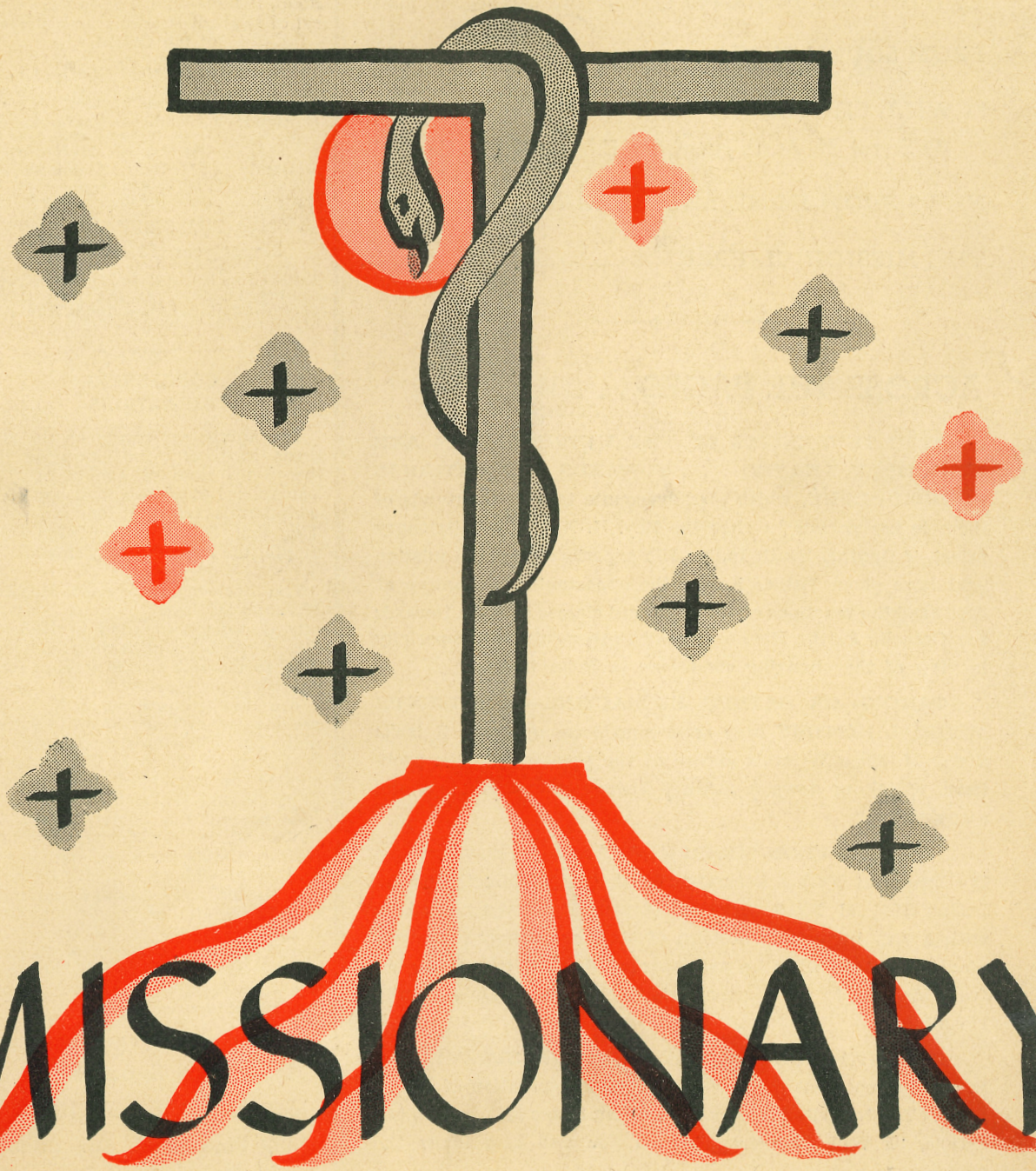
The MEDICAL MISSIONARY



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ACROSS THE PAGES . . .

"THE TENDENCIES OF THE UNTOUCHABLES ARE DEFINITELY LEANED . . . TOWARDS THE CATHOLIC CHURCH ALONE, which already counts tens of thousands of them in her portals," writes the Rev. K. Xavier, a missionary priest of Guntur, South India. His experiences on the mission field have given Father Xavier the opportunity to observe at first hand the reactions of the depressed classes of India towards the Catholic Faith. His observations are significant, especially in view of the changing conditions in India today.

TAKING—OR RATHER EXTRACTING—A PATIENT'S MEDICAL HISTORY may seem simple enough. But it isn't! Sister M. Elise Wijnen's expose of the process, and the problems, of taking down a medical history is enlightening, and amusing too.

"LETTERS FROM SOUTH INDIA" contains excerpts from the letters of Father Sebastian Pinakatt, the Director of the Indian Medical Missionary candidates. The letters conclude with a very interesting account of his long journey to Rawalpindi and back, when he accompanied the last group of girls from Malabar to our Nurses' Training School at Holy Family Hospital.

IS RANI'S STORY REALLY A SUCCESS STORY? Does she really represent the new, emancipated generation of Indian girls? You too will wonder after reading Sister M. Alma Julia's article, "I Will Choose." Perhaps you will also know the answers . . .

THE MEDICAL MISSIONARY

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Member of the Catholic Press Association

SISTER M. LOYOLA, S.C.M.M.
Editor

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CONCERNING EXPIRATIONS

The figures appearing on the address label of your magazine indicate the date of expiration. For example: 1-44 means that the subscription is paid to January, 1944. The first figure (1) indicates the month; the second (44), the year.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of D. C., and Houses of Postulate in studies in Brookland, Washington, England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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America - the Hope of the Missions?

As the war progresses, the words of the Holy Father: "America is the hope of the missions, "become clearer and clearer and therefore charged with greater responsibility for serious consideration.

As a basis of our thinking along these lines we have many expressions given by the Vicar of Christ which show his solicitude for those outside the Catholic Church. Perhaps they may be summed up in the words of his latest Encyclical, **Mystici Corporis,** in which he says: "As you know, Venerable Brothers, from the very beginning of Our Pontificate We have committed to the protection and guidance of heaven those who do not belong to the visible organization of the Catholic Church, solemnly declaring that after the example of the Good Shepherd We desire nothing more ardently than that they may have life and have it more abundantly."

Life, that is the supernatural life of grace, flows from the Head of the Body into the members, frequently not directly but through channels of other members. I visualize missionaries in a sense on the periphery of the Mystical Body. They go out deliberately to touch those outside the fold and let themselves be touched by them. The periphery, needless to say, will have life only in proportion as the intermediate channels draw life and light from the Fountain-head and function with all the God-given organic means at their disposal. Missionaries at the periphery are conquerors, givers, dispensers. Before they set out on the conquest they must put on the armor of Christ. Who clothes them with it? Those members of the Mystical Body whose office it is to teach, to direct and to minister to the recruits in the army of Christ in the seminaries and novitiates. The disciples will rarely surpass their masters.

The Army of Missionaries Is Pitifully Small.

Missionaries are the givers of many material and corporal things it is true, of useful knowledge, of medical aid, of food and clothing. But above all they go to dispense the everlasting gifts of the knowledge of God as revealed to man, of man's eternal destiny and the way to attain it. To minister, give and dispense to a vast multitude of two-thirds of the human race, a small band of heroic missionaries does not suffice. A large army is needed to gather the millions who do not belong to the visible organization of the Catholic Church into it by a peaceful conquest. The present army of missionaries is pitifully small—only 70,000 priests, brothers and sisters in all, and already it is thinned out by death and repatriation.

And after the war it will be smaller still and will remain so unless—and let us say it with fear and trembling on the one hand, with hope and trust on the other—unless America fills the gaps and prepares mighty forces in the rear.

At present the United States has approximately 1489 missionary priests and brothers and 1250 sisters. Can America hold the fort with such a small mission army and do justice to the golden opportunity of a decisive hour of history when the world, especially the Orient, will look to America for the contribution of what is good and true in Western civilization, the truly Christian elements in it? The answer is obviously—no.

Strong Catholic Families—the Source of Missionary Vocations

How then can we increase the army of missionaries from America? "Pray ye the Lord of the harvest to send laborers into his harvest," is Our Lord's answer. Coming from Him, it is an infallible means. But since, in the dispensation of God's Providence the human is blended with the divine, what else can be done to promote missionary vocations? As I see it, the present hope lies in preserving the good Catholic families from the moral evils of the day. It lies also in raising up a Catholic youth well instructed in the principles and duties of the Christian life in all its various relationships of Church and family, and in its economic, social and political aspects, a youth who is trained to a high standard of simplicity in food, clothing, amusements, a simplicity that will allow parents to raise a normal sized family, a simplicity that will necessarily bring with it a strengthening of character. But most of all the use of the means of grace will make the years of youth a true springtime of life with that beauty and freshness which can be preserved only in a pure and healthy atmosphere. Missionaries by the thousands will spring up in Catholic families where the parents tend the young plants according to the Master Gardener's plan and where they themselves rejoice when some of them are chosen by the Lord.

Mission Education

Apart from the family, there is the Catholic school that must impress upon every student his responsibility as a baptized and confirmed member of the Mystical Body towards non-Christian peoples in all lands. It is the school that must arouse interest in their welfare, in their ways of life, and in their temporal and spiritual needs. This is the enormous task facing Catholic teachers, a task which, if America is to be the hope of the missions, cannot be left to chance. For the past twenty-five years, the main contribution to mission education has been made by the Catholic Students' Mission Crusade, and the mission societies, functioning rather as a separate department than as an integral part of Catholic education. It is encouraging that the National Catholic Educational Association is interested in integration to the extent that it recently established a committee under the leadership of the Diocesan Superintendent of Schools in Pittsburgh to elaborate a scheme of mission education. At the request of the Holy Father, mission studies have been conducted in the diocesan seminaries since last year. Up to now five monographs by mission leaders or experts have appeared for the purpose.

A chair of missiology at the Catholic University in Washington has been advocated frequently, but so far it has not materialized. Why not? Probably the answer is that there is not enough demand, itself an indication of the strength of the mission movement. As an example one may cite Holland, a country with a truly great mission spirit. The Dutch Catholics comprise one per cent of the Catholics of the world but furnish ten per cent of all the missionaries. They had a chair of missiology at the Catholic University of Nymegen. Other mission-minded countries, such as Belgium, France and Germany, held mission weeks where missionaries could meet and exchange ideas and share the fruit of their experience in lectures, etc. Such activities are both helps for and outcomes of development. At present there are no opportunities for such coperation in the United States. Rallies and student meetings serve a different purpose but cannot take the place of discussion and exchange of experiences on the part of the mission leaders themselves.

The Catholic Mission Press

And where is the Catholic mission press in the English language, through which Catholics can get food for thought and action? Is there any demand, any taste for such books? There is some, but the missions must be dished up very lightly. As yet the books on mission subjects are few and far between; among them are mainly the contributions made by the Society of the Divine Word and Maryknoll. In the medical mission field, there is no book since the one issued by the Medical Mission Board in 1925. In the near future a study written by the Medical Mission Sisters will be published by the Catholic Students' Mission Crusade.

And mission magazines? They are numerous and fulfill the purpose of general mission education as well as the specific aims for which they are published. If and when America becomes the mainstay of the missions, a scientific mission journal, of which there were several in Europe, will no doubt appear.

A many sided and well developed mission press will be a **sine qua non** for enlisting the cooperation of the gigantic body of the laity in the task of the missions. As a matter of fact, America cannot be the hope of the missions unless the prayers, sacrifices, and the intelligent and well-informed interest of the laity can be counted on. If good will is a criterion, it can be counted on, but before substantial results can be expected in mission vocations and in a better distributed financial cooperation, much hard spade work remains to be done.

To win the war everybody is enlisted—some as soldiers, some as defense workers, some as strategists, some as leaders, all as taxpayers. Can we be so optimistic as to hope that the day will come when **every Catholic** in the United States will assume his responsibility and take his share in an intensive crusade to spread the Kingdom of Justice, Love and Truth—the Kingdom of Christ?

—Anna Dengel

THE FEAST OF OUR LADY OF LOURDES—February eleventh.

Today the glorious Queen of Heaven appeared on earth.

Today her word brought to her people a pledge of *peace* and *salvation.*

Today the choirs of angels and of men exult, celebrating with joy the Immaculate Conception.—Antiphon of the Magnificat.

The Doctor Takes a History

by

Sister M. Elise Wijnen, S.C.M.M., M.D.

"And what is the matter with you, Rampiari?"

"Well, Doctor Memsahib, it is like this: I get terribly dizzy and have a feeling of pins and needles pricking in my hands and feet, and I have no appetite, and I wake up at night all bathed in perspiration, and . . . "

"Just a minute now! Do you have fever at night when you perspire so much?"

"How should I know, Doctor Memsahib?"

"Well, do you feel hot or not?"

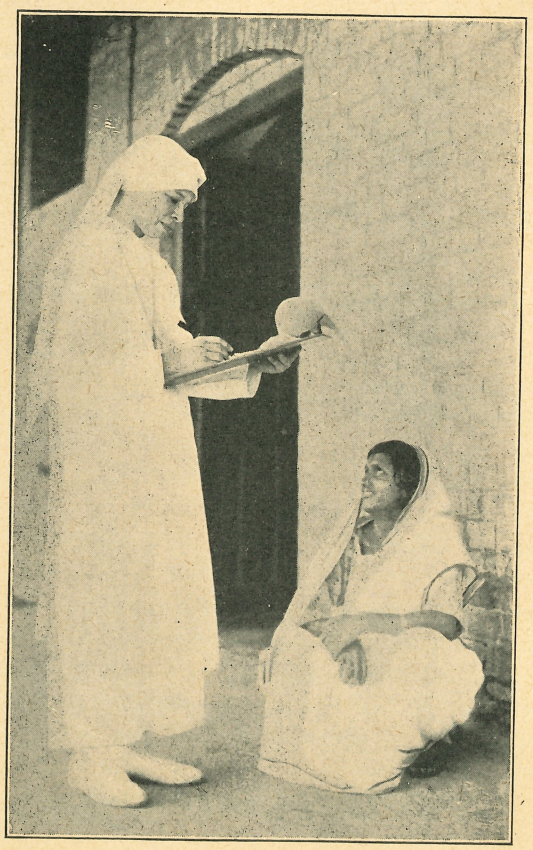
"Well not exactly hot, but I perspire so."

Lack of fresh air, probably, thinks the doctor. Patient and persistent probing, together with a quick going over, finally pin the diagnosis on anemia and bad living habits. A talking to and a tonic are indicated, with the injunction to return in a week, for the patient is quite likely to have forgotten some important item, which is sure to recur to her before she gets home. It may take two or three weeks, at this rate, to write up a complete medical history, but time means nothing in India!

History taking is hard work! Many of the women have little or no idea of time and do not even know their own age usually. Moreover they are apt to omit the most important symptom, as well as to exaggerate any minor one which happens to have taken their fancy. They will harp for ages on "dark spots before the eyes" when the doctor wants to know about the chills and fever, how many and how far apart? The result is that the two keep talking at cross purposes, until one or the other gives in!

Shyness is another obstacle. You separate the prospective patient from the mother, mother-in-law, grandmother and aunt and peel off half a dozen wrappers until a sixteen-year-old village girl appears. Then you start digging. From behind the curtain comes the stentorian voice of the mother-in-law, bidding the victim to "tell everything." The girl startles, blushes, looks around for her veil to hide her face, and giggles when she sees it beyond her reach. Then you ask her how many children she had had, and she is promptly stricken dumb. That is answer enough: none, apparently. At that point you might as well give in and call the mother-in-law. It will be quicker in the end, even if you have to listen to all the births and marriages in the family since the year one.

Next come the prevaricators. The people are very polite and like to tell you what they think you would like to hear. Whether is is true or not is wholly incidental. You are taken in a few times by patients who have "fever every night," or who "can't see a thing," or who "feel so weak and tired all the time." If they look well nourished and clean, with hair and clothes in perfect order, don't admit them! You will have a hysterical, disgruntled, unhappy female on your hands if you do. A really sick pa-



Sister M. Thomas questions a patient in the clinic.

tient is quite easily recognizable after a while by her drawn face and dishevelled appearance. Many women want to come to the hospital merely to get away from it all, and once you know their secluded existence, you cannot blame them. But a full and busy hospital is hardly the place for them.

Occasionally the only answer that can be dragged out of a patient is a blank look and the offer to feel her pulse. Modern medicine is like magic to her. She merely holds out her wrist, and the diagnosis is obvious! Sometimes the menfolk who are better instructed in such matters will foresee the contingency and send the patient in with a "chit." Such chits are often masterpieces, half a mile long, written on any old piece of scrap paper by a **babu** (scribe) in the bazaar, and translated word for word from the Hindi. Here is an example brought in by a young woman who was quite able to talk but who refused to say a word. "It's all written down," she maintained.

"1. Pain upon the backside from three years.

2. Cough simply from early days.

3. Itching all over hands and feet from two years but every day it happens.

4. Burning in the eyes from six months.

5. Shortage in starvation or hungriness. (Lack of appetite, in other words!)

6. Headache.

7. Thirstiness.

Please kindly examine her health with your deeply kind thinking, from which she may be cured as soon as possible. And if you like for the admission, you can also admit her."

Further questioning brought to light such minor items as an attack of typhoid six months ago and the fact that all her babies had been born dead. But that was not the trouble at the present moment, so it was just omitted.

Then there are the doctors' chits. The men-doctors are fond of sending in women patients "for a complete examination." They cannot be blamed for that, of course, as the women refuse to subject themselves to men-doctors' ministrations beyond letting them feel their pulse and showing their tongue. Unfortunately so many of these patients are neurasthenic or hysterical, and the doctors are trying to get rid of them with a tale of the memsahibs' ability to work miracles. Naturally the women are disappointed when the examination reveals no abnormality or when the cure is not so simple. Moreover they expect to receive another chitti of equal length containing a wealth of medical detail to be read and discussed among the relatives before it is handed over to the family doctor. It is a great blow to them when we do not comply with their wishes.

Language difficulties are another drawback. There are fewer in Patna than in Rawalpindi, with all its dialects and its influx of foreigners from across the border, Afghans, Turks, Pathans, Persian ladies, etc. Still there are times when a village wallah confounds us completely, especially if she is excited or shy. Some of them are so busy staring at our white skins and strange clothes that they do not even hear what is said to them. Others are convinced that the memsahib cannot possibly know any Hindi, so they insist on addressing the Indian nurses, who happen to be from a different province and cannot understand them any better than we can. Usually the tone of voice, the gestures and a word picked up here and there enable one to catch the drift, if not the details of the affair. But occasionally we have to act the veterinary and diagnose without a history.

History taking is an art. In it goes, besides a thorough knowledge of medicine, a quick understanding of character and personality, in order to evaluate the gravity of the symptoms presented, to disregard hysteria, stupidity and exaggeration, and to decide promptly on the treatment indicated. There are any number of diseases where history is more important than physical examination, and the one without the other is invariably incomplete and misleading. Some diagnoses stick out like a sore thumb, and others escape even a minute scrutiny. The time element, moreover, limits one's chances of success. Fifty or sixty dispensary patients per doctor per morning do not allow for any dallying or indecision. It is better to make up one's mind as to the most important item to be treated first, and make the patients come back for further study. They won't mind, they **like** coming to the dispensary.

A really, sick patient invariably needs to be persuaded to enter the hospital. Sometimes that is easy, but at other times, when there is a wedding in the family, for instance, or the children have no one to look after them, no amount of talking will convince them. Yet a hospital stay is often the only means of getting at the bottom of the trouble. To be able to watch the course of the disease, to do laboratory tests and to put further questions as indicated, may spell the difference between success and failure. Sometimes the Indian nurses manage to dig out statements or obtain true answers where the white-skinned doctor has failed through fear or lack of understanding on the part of the patient. Many a time the night nurse receives orders to find out how many children this patient has really had, or how long the husband has been dead, or what the mother-in-law actually did to her in the village. It may take three or four days, but usually the truth will come to light eventually.

The perfect history was given by a woman who had swallowed a fishbone. When the doctor came up to her, she merely opened her mouth wide. The doctor saw the bone stuck in her throat, grabbed a forceps and pulled it out. The woman got up, salaamed, and walked out! We are still laughing about that one!

The Movement of the "Untouchables" Towards the Faith

by

The Rev. K. Xavier

There is no class or section of people that has not been brought under the varied sphere of Catholic missionary activity in India from the time of its inception. It is a known fact that Christianity was preached in India from the apostolic times. St. Thomas, one of the disciples of Our Lord Himself, first brought the torch of the Christian faith to the vast and ancient land of India. Ever since then the Christian faith has taken deep roots in the Indian soil and diffused itself slowly and steadily. It is true that, considering the period from which Christianity was first preached in India, the results achieved so far have not been commensurate with the labors of numerous missioners, both foreign and sons of the soil, who unceasingly toiled for the spiritual regeneration of India.

Although in results the missionary effort in India has not produced that numerical strength of Christian population which is desired, the happy and pleasant feature of the movement is that it has carried its healing message to every class and community of her teeming masses. Every student of India knows well the diversity of classes and castes into which the Indian sub-continent is divided. The whole social structure of India is built on the system of caste, artificially segregating the peoples into touchables and untouchables, based on one's birth alone, and not on one's personal merit and achievement.

One can gather to some extent the tremendous odds which the Christian missioners have to encounter in spreading Christian ideas and Christian principles among a people whose religious code is interwoven with that of a rigid social one, engendering among its adherents a supremely narrow and parochial outlook. The main body of India's people follow the stringent restrictions of their socio-religious code, which while banning conversions to Christianity and for that matter, to any religion, stigmatize the converts as out-castes (untouchables), depriving them of social benefits such as association, inter-marrying, etc.

In spite of these strict regulations, the elevating and ennobling influence of the Christian teaching has not been unproductive of its salutary results. Undaunted in the least by the machinations set up against them from time to time by the Brahmins (the official custodians of the Hindu socio-religious code), the Catholic missioners carried on their evangelical work to the extent of effecting several mass conversions among the higher castes, including even the Brahmins (the priestly caste) themselves, thereby storming the very citadel of Hinduism in their conquest of souls for Christ. But nothing can be compared with the results they have achieved among the untouchables or out-castes of Indian society. There are over sixty millions of men and women variously styled as Harijans, depressed, untouchables or out-

This shoe-maker of Patna is an "untouchable" according to the Hindu socio-religious code.

A small, dark mud hut, such as this one, is the typical home of the poor in Northern India.

castes spread all over India, to whom the elementary rights of human dignity are denied and for whom all opportunities of self-assertion are barred. Under the dead weight of the caste system they must live in misery, suffering and despondency. The extreme lengths to which the system of untouchability is carried out in India, may be imagined in some degree from the obvious acts of injustice which are repeated daily under the shelter of oppressive tradition and custom. As a cursed sect, the untouchables are not allowed to draw water from the same wells as those used by the caste people. They are not permitted to bathe in the same tanks, use the same roads, schools, etc. In Malabar, the "unpolluted sanctuary of orthodoxy," these practices are carried still further. Unlike in other parts of India, there is observed also a graded system of distance for untouchables, nearer than which their approach pollutes members of higher caste.

It is true that in view of the rapid changes wrought in India in all spheres during the past two decades or so, these galling distinctions have to some measure disappeared, or are gradually declining. However appreciable this outward march of progress is, it should be admitted that for a radical culmination of the present caste system and its attendant evils in India, the mentality of the masses in the rural parts particularly should undergo a complete change. To effect this change, several factors of late have contributed their quota. Apart from others, the growing realization of the people of the folly of adhering to caste structures should largely be attributed to the Christian missioners, who by their missions, their institutions, both educational and philanthropic, and above all by their personal example of love for the untouchables have struck an effective blow at caste in India.

With a zeal and self-sacrificing spirit unknown to any other religious sect in India, the missioners of Christ labored for the uplift of the untouchables in every department of life. Their dire poverty, their inescapable social degradation, impelled them to carry the message of their Divine Master to the poor and abandoned. As everywhere else, it is the poor and humble that lend a favorable hearing.

The magnificent efforts of Catholic priests and sisters in the cause of the helpless untouchables have not been fruitless in making them realize the prime objective of their mission. Many of them readily accepted the teachings of the Church and by their firm adherence to her beliefs and practices have shown every mark of sincerity and fidelity to their new Faith. In the wake of their conversion, a remarkable transformation takes place in their out-look. The ennobling and transforming influence of the Christian religion soon manifests its reaction on them. A sense of self-respect, human dignity, and the importance of spiritual standards of life develops in them marked contrasts to their previous inferiority complex and their obscured outlook on the purpose of life and its final destiny. These are the features which are readily recognized by the superior castes themselves and have won unstinted praise for Christian workers who have so selflessly labored and continue to labor for the submerged strata of Indian society.

Nor can it be said that the untouchables comfortably accepted this transformation brought on them without themselves working in any way for it. That stage may be said to have passed, never to return again. Their liberation and new-found freedom in the Christian faith equips them with such fresh strength that it impels them to resent the age-long social shackles to which they are fettered. As a result, a systematic and organized revolt against the Hindu religion has become the order of the day. In the awakened and critical India of today caste is vehemently denounced as an anachronism of the times. Hardly a day passes without the untouchables publicly asserting their rights and privileges as citizens. This agitation reached its climax in the year 1935, when under the leadership of Dr. Ambedkar, the untouchables on a nation-wide scale threatened to leave Hinduism which accorded them such inhuman treatment, and embrace any other religion that recognized the principle of the universal brotherhood of man and the law of love of one's neighbor.

Ever since then the leaders of superior castes for political reasons have tried their best to wean the bearings of the untouchables from Christianity. They feared in their conversion the weakening of the Hindu sect for electorial purposes. Customs and practices of age-long standing that meted

out to the untouchables social serfdom and which until then were vehemently defended as of divine ordinance, were either abolished or modified. By legislative enactments the leaders of superior castes attempted to recognize some of the rights of the untouchables and thereby subtly to dissuade them from leaving their ancestral faith.

Notwithstanding these attempts, the tendencies of the untouchables are definitely leaned, one may say, towards the Catholic Church alone, which already counts tens of thousands of them among her members. There is a general tendency among them to follow the same religion within the orbit of which there is no caste or out-caste. They seek an open recognition of the equality of all human beings in the sight of their Creator, Who in His infinite goodness lavishes His blessings on the poor and humble of heart rather than on the proud and rich. Surely, a veritable harvest of souls in India lies in this mass movement of the untouchables towards the Faith of Christ.

From South India . . .

Five years ago, in the spring of 1939, the Medical Mission Sisters received a letter from an Indian priest of Travancore, South India. It was a plea for help, medical help, for his people. "My heart is always moved to pity by the sight of the poor sick and their pitiful cries around me," he wrote, after giving a vivid description of the inroads disease and infant and maternal mortality were making. And he continued:

"Wholeheartedly I am now engaged to begin a hospital and maternity center. I have no means at my disposal, but I rely on charity . . . I must buy a good site, erect buildings, provide materials and medicine, and above all persons qualified for the work . . .

"Some five young ladies have volunteered themselves to spend their lives in the service of the sick and afflicted. The formation of an Indian sisterhood on the lines of the Catholic Medical Missionary Sisters is a pressing need, when we view the present unrest and the changing socio- political situations. Vocations are plentiful, but they are to be prepared and made fit . . ."

Father Pinakatt persevered in his dream of an Indian community of Medical Missionaries. He brought these five young women to Holy Family Hospital in Rawalpindi to begin their training as religious and as nurses. In the course of the next few years they were joined by twelve companions, also from South India, who cherished the same aspirations. It was on the occasion of the arrival of the last group of five girls at Holy Family Hospital that Father Pinakatt wrote the following letter to Mother Anna Dengel:

July 3, 1943.

My dear Reverend Mother:

Today we celebrate solemnly our national feast, the Feast of St. Thomas the Apostle, our Father, commemorating the holy martyrdom of the saint at Mylapore near the ocean. In the vernacular the feast is called "Oukarana" which means commemoration.

Dear Mother, I am sure you will be delighted to hear some account of my last journey to Rawalpindi and back. On March 19, the feast of the holy death of St. Joseph, after singing the Solemn High Mass in the newly built chapel of the Poor Clare Sisters in the parish, I left my station to go to the Bishop's house to receive his blessing. His Excellency welcomed our four postulants and myself cordially, and after receiving his blessing and instructions we started on our long journey to Holy Family Hospital in Rawalpindi.

On the twenty-third we reached Madras by the Cochin Express at seven in the morning. At once we all went by train to Mylapore Cathedral where I offered Mass at the tomb of St. Thomas our Father, prayed much for the Medical Missionary Congregation, asked God for light, strength and guidance and entrusted you and all my children to His special care and protection. All the postulants received Holy Communion.

The Franciscan Sisters of St. Thomas Convent which is nearby welcomed us into their house and gave us morning coffee and dinner. His Excellency, the Bishop of Mylapore, was delighted to hear from us the details of our project. That evening Dr. M. Mathew, a professor at the Medical College in Madras, took us to his home where we spent the night. He and his good wife took us to the station in time to catch the Grand Trunk Express at four a.m. After reaching Delhi we continued our journey by the Frontier Mail, which arrived in the Rawalpindi Station at ten a.m. on the morning of the 29th. Sister Alma, with three of our candidates was waiting for us at the station and received us with great cordiality and joy. Within a few minutes we reached the hospital where all the sisters and the other postulants were waiting to welcome us. Briefly, it was a real feast day for us all. I spent six days at the Holy Family Hospital, and they were indeed happy days for me as well as for the sisters and my dear children . . .

On April 3rd I began my homeward journey, leaving the hospital at ten in the morning. By evening I reached Lahore where the good Bishop and the Superior Regular of the Capuchin Fathers welcomed me. I spent a full day there, for they were much interested to hear about the progress of our project. I received an equal welcome in Delhi and Indore. The Prefect Apostolic, the Rt. Rev. Msgr. Peter T. Janser, S.V.D., had invited me to his Prefecture and he himself came to the station to take me to his house. I spent five happy days with him, during which he took me to all his important mission stations. His work suffers very much as so many of his zealous missionaries are in the internment camp. The Monsignor has been a strong supporter of the medical missionary scheme from its very beginning.

Then I proceeded to Nagpur where the Bishop received me and was happy to hear the details of our project. I returned from thence to Madras as the guest of the Most Rev. Louis Mathias, the Archbishop of Madras. We discussed the various problems of medical mission work in India, at present and after the war. He assured me that this work will be a practical Catholic Action and will be able to do immense good for the progress of the missions in India.

Again I went to the tomb of St. Thomas at Mylapore and said Mass in thanksgiving for the many graces received during the journey. The next place of importance where I stopped was Bangalore, the seat of the Apostolic Delegation. His Excellency, the Most Rev. Leo P. Kierkels, the Apostolic Delegate and a staunch supporter of the project from its very beginning, welcomed me with paternal kindness and showed great delight at hearing what we had thus far accomplished. He blessed me and urged me to work with courage for this holy cause, promising his support. I left him inspired with fresh enthusiasm.

From Bangalore I proceeded by bus to Modanapally to the Protestant Union Mission Sanatorium for T.B. patients to see one of my friends who has been an in-patient in this hospital since February. Although I started from Bangalore in the early morning I reached there only on the eve of Palm Sunday. The Sanatorium is situated in an extensive field of about one hundred acres, and I found about three hundred patients of all castes and creeds. To my astonishment there were two Catholic priests there, four sisters and about forty Catholic lay people of both sexes. It was a cause of great joy for them to see a Catholic priest, for it was about three months since a Catholic priest had come to the Sanatorium. Both of the priest patients are completely laid up. All asked me to spend the night and say Mass for them on Palm Sunday and give them Holy Communion. For me it was a great privilege to be able to do some good to these poor patients. I procured the necessary things for Mass from a distant mission station. The Chief Medical Officer provided me with a small room where I said Mass and gave Holy Communion to forty-two patients. It was a feast day for me, as well as for them—a real Palm Sunday. It touched my heart to see our priests and sisters in sick beds in a Protestant hospital without the consolations of our Holy Faith in their greatest need. This sight spoke to me of the need of Catholic medical work and gave me new enthusiasm to work more zealously for the realization of our humble project . . .

With constant prayers for you and a special memento in my daily Mass, I bless you,

Yours very sincerely,
Father Pinakatt

CATHOLIC PRESS MONTH

"The power and influence of the Catholic press are so great that even seemingly insignificant activity in its favor is of great importance . . . Anything you do for the Catholic press I will consider done for me personally."—Pope Pius XI.

February is Catholic Press Month.

You will hear about it; you will see posters, bulletin board announcements and exhibits.

But what are you going to *do* about it?

Why not pass this copy of THE MEDICAL MISSIONARY on to a friend—or subscribe for your nearest library, your sodality, or a study club?

That is *Action* for Catholic Press Month!

"I Will Choose"

by

SISTER M. ALMA JULIA, S.C.M.M., M.T., Ph.G.

The story of Rani, one of the new generation of Indian girls.

Probably the most popular form of story is the "success story," but whether or not this one can be called a success or failure I leave you to judge. This may be a little difficult for the simple reason that the story is not finished yet, and who knows how it will end! This much I can say: The parts related are true as far as I have the facts.

The story is about an Indian girl whom we shall call Rani because her name is something else and Rani is a very common Hindu name. Rani means "Queen." Rani's family were formerly low-caste Hindu folks, probably of the sweeper caste, or out-castes. But recently the family became "American Christians."

Now let me explain what "American Christians" are. I do not like the term because we are Americans and we are also Christians—but we are not "American Christians." Naturally the ordinary Hindu and Mohammedan people around here do not know what the difference is. The American Presbyterian Mission Board has a large mission college in Rawalpindi, as well as a few small schools for Indian boys and girls, not only here in the city but throughout the Punjab. They also have a mission hospital in Taxilla, not far from Rawalpindi. For some reason or other their converts are commonly called "American Christians" instead of Presbyterians. I suppose one reason is because their smaller schools are also known as American Mission schools.

Anyway, Rani was educated by the "American Mission," which is one advantage she never could have had if she had remained a Hindu. One day Rani applied and was admitted to the Training School for Nurses at Holy Family Hospital. Although not beautiful, she was rather nice looking and always kept herself clean and neat. But alas, after six months in training it was discovered that her English was not sufficient and she could not keep up with the class.

Old and New Meet . . . This young Indian nurse welcomes a woman from Tibet, dressed in traditional costume, in the compound of Holy Family Hospital, Rawalpindi.

Just at that time I was begging for someone to help me in the laboratory. I had no assistant whatever and wanted someone to do at least the simplest things.

"How would you like to have Rani?" asked Sister Margaret Mary. "She cannot make the grade and otherwise I shall have to let her go."

"I'll take anyone," said I—and that's how I acquired an assistant.

Rani still lived with the nurses, received her uniform and four rupees a month for incidental expenses. In return she cleaned and dusted the laboratory, learned to run the still, cleaned glass-ware, in fact did well everything she was told to do after being taught carefully just how to do it.

I tried to give Rani an hour a day, gradually teaching her other

This young Indian woman is taking the Nurses' Training course at Holy Family Hospital, Rawalpindi.

laboratory procedures, one thing at a time—hemoglobins, white blood counts, red blood counts, and eventually differential blood counts. She could not make out the laboratory text books at all, so I had to translate each procedure, with her help, into Hindustani. These she wrote out beautifully in her graceful Persian script. Besides this she made accurate drawings of epithelium cells, neutrophiles, pus cells and smiliar things she needed to recognize, copying them carefully from the text books as I indicated them when the need arose. Within two months she was able to do gram stains, T.B. stains, coagulations and bleeding times and cross agglutinations for blood transfusions. The language difficulty was the greatest drawback, but once she grasped the idea in her own langugae she was good at her work. I insisted that she record everything in Hindustani in her copy-book. This, by the way, was home-made from some office paper salvaged and pasted together.

By the time she was in the laboratory four months she was doing complete, or almost complete, blood counts on every patient and had become quite expert at staining and recognizing T.B. germs, besides the other tests mentioned above.

Then I let Rani go for her two weeks' vacation. But before the two weeks were over Rani came back to tell me that she was leaving me for good. Her father had obtained a place for her with the W.A.C. (Women's Auxiliary Corps—Indian branch) and she was going to be taught office work.

A month or two later Rani dropped in to see us. She wore the W.A.C. uniform over her sari and looked quite up and coming. Her English was greatly improved, for she had lessons daily. She was doing office work for Rs. 70 a month! Remember that a living wage for a man was supposed to be Rs. 15 a month, and that is probably all her father ever made in his life.

Another five weeks passed and Rani stopped in again. She was now making Rs. 90 per month. In answer to my questions she assured me that she was living with her family, which included several younger brothers and sisters, and was helping them. Again her English had improved a great deal.

Two more months passed, and then just a few days ago Rani visited us again. This time two other Indian girls accompanied her, one a nurse from the military hospital, the other a clerk who also did military work. The three of them were very nicely dressed in good saris, the two wearing the coats of their W.A.C. uniforms over their saris.

I must describe Rani now. She was about eighteen years old and very neat in her appearance. Her hair was done up in quite a modern style and she even wore a little make-up on her face. She moved with more grace, assurance and freedom than when I first knew her, with more poise, I suppose you might say.

"I have resigned the W.A.C. today," she told me. "I now have a new place."

"Where?" I asked.

"I begin tomorrow in the laboratory of the Indian Military Hospital."

"What are you doing?"

"The same as I was doing here—urinalyses, blood counts, T.B. smears, those things."

"How much are they paying you?"

"I will get Rs. 125 a month to begin with."

That was as much as her father used to make in a year, before the war!

Then and there I started right in giving her a sermon about doing her work accurately, not forgetting what I had taught her, keeping up her note-book, etc.

"Yes, yes, yes!" The other girls were pulling her along now. It was getting dark and time for them to go. I walked out the front door with them and towards the gate.

"And are you still living at home and helping the family?"

"Yes, yes, yes!" But I was still a little worried. There were many things I would like to have settled in my mind, but they were almost to the gate and the other two were trying to hurry Rani along.

"Well, good-bye and stop in again and let me know how things go."

Then Rani suddenly seemed to remember something she wanted to tell me.

"Oh," she said, "and in three or four months perhaps, I will marry."

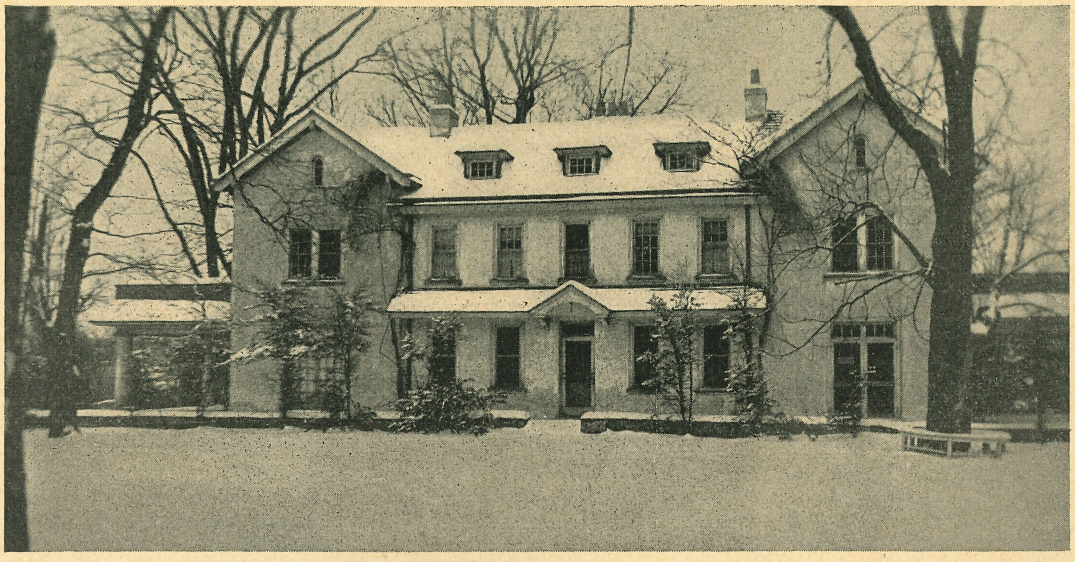
"Marry! And whom will you marry? Who is it?" I stammered.

I had turned to go back to the hospital and they were almost out of the gate, but we both turned towards each other again.

"I don't know yet," she answered. And then, as if searching for the correct word, she said carefully in English, "I will **choose.**"

With that they waved and were gone. And—I had the impression that I had seen the new emancipated generation of Indian girls, suddenly arrived. Too suddenly—perhaps. But we shall see . . .

News from Home and Abroad



When Winter Comes . . . Our Motherhouse in Fox Chase, Philadelphia.

SANTA FE

Sister M. Helen and Sister M. Theophane, our pioneers in Santa Fe, have been making the acquaintance of the city, spending some of their spare moments in exploring its historic sites. Sister Theophane writes: "The other afternoon we were free so we walked over to Cristo Rey Church, about a forty-five minute walk up the Alamade, a main street or thoroughfare, but gravel surfaced! The pastor explained the meaning of the famous reredos which is carved in sandstone and stands about twenty feet high behind the main altar. He had spent a year and a half figuring out the meaning of the different symbols and figures and intends to write about it some day. I took pictures of the outside of the huge adobi church, but it was too dark to take the inside. You would love it though, the wooden beams, doors, banisters, etc., are all hand carved, roughly but very artistically. The church seats about eight hundred persons.

"Tuesday was the fiftieth anniversary of ordination for four priests here in the diocese. Msgr. Giraud, the chaplain at the hospital, was one of them. The Archbishop pontificated and the four priests said Masses simultaneously at improvised altars set up in the Cathedral sanctuary. All of the priests were French and had come over to America in the same group. That evening Monsignor told us about the trip and that there were seventeen in the group, but all have died except these four. He himself came while still a deacon and was ordained in Baltimore by Cardinal Gibbons."

INDIA

Not the Zoo—but Murree

While Sister M. Pauline was vacationing in Murree (a hill station in the North of India) last September she might have imagined she was visiting the zoo. At least that's the impression we received from a letter written while she was there.

"I cannot send you a story, but here are a few 'animal' episodes instead. Some of them may sound like ancient history. Out here one becomes accustomed to bumping into 'sacred cows' in all sorts of queer and unexpected places, but usually we do try to keep them out of the churches. Recently however, during Benediction heavy steps were heard stomping down the church and Father wondered what important personage could be coming in so late for the service. Imagine his surprise when a cow sauntered across the sanctuary and into the sacristy! Two altar boys were immediately dispatched to shoo the intruder out.

"This very morning we had a comical experience. As it was the first Sunday of the month, the Sisters of Jesus and Mary invited us to their conference by Father Moran. We were all sitting in the chapel waiting for the conference to begin when suddenly there was a loud, confused noise. A ram had wandered onto the narrow side platform where the prie dieus are and was poking his head excitedly through the railing, trying to escape. There was a flurry and a scurry, but Sister M. Leonie rose to the occasion, dashed after the ram, grabbed him by the horns and pulled him out of the door—

with two of the sisters escorting her. Sister Magdalen and I were rocking with laughter. I was still nursing a couple of broken ribs from an encounter with a horse, so I was not at all interested in getting too close to a 'wild' ram. Father arrived just a few minutes after it was all over and quieted us down with a talk on humility!

"But no animals are as bad as the crows. They are extremely bold and such thiefs! They will snatch the bread right out of your hand. They can fly off with an egg in their beak and even try to fly away with dishes. I have seen a crow fly off with the sugar bowl from a patient's try. The tantalizing part of it is that they screech and caw at your indignation and only make fun of you.

"Of course this would not be complete without a snake story. A few days ago they found a cobra in the refectory in Patna. It was in the back of a basket but the mali ran in with a bamboo pole and killed it. Just a day or so before that he had killed another one in the kitchen, so it looks as though Patna is not going to disappoint you in snake stories."

PATNA

In a letter dated September 13th Sister M. Elise sent us the following Patna news:

"Today is the first day in weeks that we have had only one admission into the hospital, and I am taking the last half hour before supper to write to you. We have been busier than the bees, with about 60 to 70 patients in the house, plus the whitewasher swishing his brushes around!"

Epidemic

"This is just the time of epidemics. Typhoid is very bad and cholera is just starting. How it got into the nursery we do not know, probably through flies. It took our nice little Danny, just one year old, in a few hours. Two more babies have it but they are getting better. Sister Ignatius Marie has been scrubbing floors and swishing lysol around at a great rate, so we hope it is under control now."

Father Eline, S. J.

"Sister Margaret Mary may have told you that we lost our favorite patient, Father Eline, S. J., a few weeks ago. He had been here since January. He was very weak, but his wit was quite unimpaired. Rarely a meal passed without some remark of his being related, always pat and to the point. The very day before he died he told Sister that he was offering up Holy Communion for all the sisters."

Needed—More Sisters.

"The Bishop says that Father Eline is now walking around in heaven, as straight as a dart (That used to be his special pride, his posture!) and getting good things out of all the saints for our hospital. He must be right, for we certainly do plenty of business and manage to keep our heads above water despite the increased expenses. In fact, our daily need is **more sisters!** There is so much misery all around us, misery we cannot even touch.

"There is the matter of home deliveries for instance. Many women cannot possibly come to the hospital because there is no one to look after the house and children when they are away. The babies die almost as soon as they are born, due to neglect, ignorance and lack of sanitation. A few sisters and helpers to go around in the narrow lanes, watching and teaching and caring for these women could save hundreds of babies every year, to say nothing of the mothers."

But the Poor Patient!

"But here is something pleasant. We are planning to start a book of all the funny sayings we hear every day. A man whose wife was going to be operated on came to Sister M. Hedwig the other day and asked: 'Are you going to faint her?' When Sister looked at him rather blankly he explained: 'I mean, are you going to coloroform her?' 'Oh, yes,' she answered quite cheerfully!"

DACCA

The news from Dacca brings reports of severe epidemics of smallpox and cholera. Sister M. Therese writes: "At present we have over seventy cases of smallpox, and still the patients continue to come in. Two temporary bamboo buildings have been erected in the compound of our infectious ward to accommodate the influx. Yes, we have all been vaccinated.

"Before the smallpox epidemic we had cholera cases coming in day and night. No sooner was this on the wane when the smallpox began . . ."

R. I. P.

Please pray for the repose of the souls of:

His Excellency, the Most Rev. Anselm Kenealy, O.M.Cap. the first Archbishop of Simla (1910-1935), who died in retirement at Sussex, England.

Rev. Michael A. Mangan, C.S.C., of the Holy Cross Mission, Dacca, Bengal, India.

Sister Mary Camilla, Maryknoll, N. Y.

Sister Mary Loretta Joseph, Hartford, Conn.

May their souls and the souls of all the faithful departed rest in peace. Amen.

NOTICE TO SUBSCRIBERS: We would be grateful if subscribers living in cities operating under the zone number system would kindly send us the zone mail numbers.

The Mission Clipper

Catholic Hospital Association for India and Ceylon

The organization of the Catholic Hospital Association for India and Ceylon was completed at a meeting held at St. Joseph's Convent in Guntur, India, on July 28, 1943, with the approval of His Excellency, the Most Rev. Leo P. Kierkels, Apostolic Delegate to India.

The idea of forming the Catholic Hospital Association was first proposed by the Most Rev. Thomas Pothacamury, Bishop of Bangalore. In an article written for the January issue of **The Shield** Bishop Thomas states the following objectives of the newly formed association: 1) to teach and safeguard Catholic principles in medical institutions; 2) to enable those who conduct these institutions to take counsel together on matters affecting their welfare; 3) to enable them to cooperate and strengthen the position of Catholic medical institutions.

* * *

Dr. John J. A. Sherry, Medical Missionary in China

The very interesting life story of a medical missionary in China is briefly told by the Reverend Patrick O'Connor in the December issue of **The Far East.** It is that of Dr. John J. A. Sherry, who died in Hongkong in May, 1942.

"Born in Dublin in 1875, Dr. John J. A. Sherry attended Belvedere, the Jesuit day school there, and made his professional studies in Scotland, where he took medical degrees in Glasgow and Edinburgh. He practiced medicine in England and volunteered for army medical service at the outbreak of the last war. He served on four fronts, was mentioned in dispatches for bravery, was gassed and invalided home. In 1923 he went to Lourdes, in which he had always been interested. Improved in health, he resolved to remain there, giving his services without remuneration. As a resident member of the Medical Bureau, he witnessed miracles and handled the documentary evidence that substantiated them. He lectured on Lourdes in Ireland and England, and in 1931-32 in the United States. Every penny gained by his lectures was devoted to an orphanage in Lourdes.

"In 1934 he made a decision that must have meant a bitter sacrifice. He left his beloved Lourdes to go to China, where he placed himself at the service of the missions. He worked for a year with Bishop Cleary in St. Columbans Missions, Nancheng. Then, eager to work for lepers, he went to the leper settlement conducted by the Maryknoll Fathers in Kongmoon Vicariate. His health failing, he went to Hongkong.

"In Hongkong he devoted himself to the little hospital and to the poor in refuges conducted by the St. Vincent de Paul Society and the Third Order of St. Francis.

"Everyone who knew Dr. Sherry will remember something special about him, but no one can forget his strong spirituality, his magnificent devotion to the Mass and Our Lady, his chivalrous generosity . . . or his droll humor. May he rest in peace."—**The Far East,** December, 1943.

* * *

Famine Relief for India

The Dail Eireann (Parliament of Eire) has voted 200,000 pounds (about $800,000) to enable the Irish Red Cross Society to relieve the distress in the Indian famine areas and in Europe—**The Columbus Register.**

An emerency appropriation of a substantial sum of money has been allocated by the Bishops' War Emergency and Relief Committee for the aid of the victims of famine in India. The money has been dispatched to the Most Rev. Ferdinand Perier, S. J., Archbishop of Calcutta.—**NCWC News Service.**

* * *

Health Conditions in Trinidad

The startling fact, disclosed by an official survey, that in Trinidad **"every adult above twenty years of age is affected by deficiency diseases"** is brought out by Dom Basil Mathews in an article in **America,** entitled "Africa and America meet in Trinidad". Dom Mathews notes that this low standard of health, together with the disreputable housing conditions and poor educational facilities, constitutes one of the chief factors affecting the social problem in Trinidad.

Through the Society for the Propagation of the Faith the Holy See requests your prayers during the month of February for the Mission Intention—

"Conversions in South Africa."

SHARING

will be

a BIG ITEM

in a

PEACEFUL WORLD

to come—

Are you WILLING TO SHARE with this Indian family? They need medicine, nursing care, all that our Holy Family Hospital could give them—if we had MORE ROOM.

PROVE YOUR WILLINGNESS

TO SHARE.

HELP US NOW TO BUILD THAT

200 BED CATHOLIC HOSPITAL

IN RAWALPINDI, INDIA.

Mother Anna Dengel
8400 Pine Road
Fox Chase, Philadelphia (11), Pa.

Dear Mother Dengel:

I am happy to be able to share the enclosed $..... as my contribution towards your new Holy Family Hospital in Rawalpindi.

Very sincerely,

.....